#### FORM D

**Notice of Exempt** Offering of Securities

# U.S. Securities and Exchange Commission

Washington, DC 20549

OMB Number: 3235-0076 Expires: February 28, 2009

Estimated average burden hours per response: 4.00

#### (See instructions beginning on page 5)

Intentional misstatements or omissions of fact constitute federal criminal violations. See 18 U.S.C. 1001.

Name of Issuer	Previous Name(s)	None     Non	Entity Type (Select one)
iForem Inc.			
Jurisdiction of Incorporation/Organization	,   L		Limited Partnership
Delaware			Limited Liability Company
			General Partnership  Business Trust
Year of Incorporation/Organization (Select one)			Other (Specify)
Over Five Years Ago Within Last F		et to Be Formed	
(If more than one issuer is filing this noti	ce, check this box $oxedsymbol{\square}$ and ide	ntify additional issuer(s) by	y attaching Items 1 and 2 Continuation Page
Item 2. Principal Place of Busine	ss and Contact Informat	ion	
Street Address 1		Street Address 2	
350 Marine Parkway, Suite 200			
City	State/Province/Country	ZIP/Postal Code	Phone No.
Redwood City	CA	94065	650-352-4750
			•
Item 3. Related Persons			
Item 3. Related Persons  Last Name	First Name	<u> </u>	Middle Name
	First Name Stephen		Middle Name
Last Name		Street Address 2	
Last Name Pieraldi		Street Address 2	A.
Pieraldi Street Address 1		Street Address 2  ZIP/Postal Code	A.
Pieraldi Street Address 1  350 Marine Parkway, Suite 200	Stephen		A.
Last Name Pieraldi Street Address 1  350 Marine Parkway, Suite 200 City	State/Province/Country  CA	ZIP/Postal Code	A.
Last Name Pieraldi Street Address 1  350 Marine Parkway, Suite 200 City Redwood City	State/Province/Country  CA	ZIP/Postal Code	



SEC Mail Processing Section Weshington, DC 199

Agric	culture .	$\sqcup$	Business Services		Construction
Bank	ding and Financial Services		Energy		REITS & Finance
	Commercial Banking		☐ Electric Utilities		Residential
	Insurance		Energy Conservation		Other Real Estate
	Investing		Coal Mining		Other Real Estate
П	Investment Banking		Environmental Services		Retailing
ቨ	Pooled Investment Fund		☐ Oil & Gas		Restaurants
<b>پ</b>			Other Energy		Technology
	electing this industry group, also select one fund e below and answer the question below:		Cities Energy		Computers
, 	·		Health Care		Telecommunications
늗	Hedge Fund		Biotechnology		Other Technology
	Private Equity Fund		Health Insurance		
느	Venture Capital Fund		Hospitals & Physicians	•	Travel
	Other Investment Fund		Pharmaceuticals		Airlines & Airports
	Is the issuer registered as an investment		Other Health Care		Lodging & Conventions
	company under the Investment Company		Manufacturing		Tourism & Travel Services
<del></del> -1	Act of 1940? Yes No	ш	Real Estate		Other Travel
	Other Banking & Financial Services		Commercial		Other

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Item 5. Issuer Size (Select one)

Revenue Range (for issuer not specifying "hedge" or "other investment" fund in Item 4 above)	Aggregate Net Asset Value Range (for issuer specifying "hedge" or "other investment" fund in Item 4 above)
No Revenues	OR No Aggregate Net Asset Value
\$1-\$1,000,000	\$1 - \$5,000,000
\$1,000,001-\$5,000,000	\$5,000,001 - \$25,000,000
\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000
\$25,000,001 - \$100,000,000	\$50,000,001 - \$100,000,000
Over \$100,000,000	Over \$100,000,000
Decline to Disclose	Decline to Disclose
Not Applicable	Not Applicable
Item 6. Federal Exemptions and Exclusions 6	
In	vestment Company Act Section 3(c)
Rule 504(b)(1) (not (i), (ii) or (iii))	Section 3(c)(1)
Rule 504(b)(1)(i)	Section 3(c)(2)
☐ Rule 504(b)(1)(ii)	Section 3(c)(3)
Rule504(b)(1)(iii)	Section 3(c)(4) Section 3(c)(12)
☐ Rule 505	Section 3(c)(5)
⊠ Rule 506	Cartian 2(a)(6)
Securities Act Section 4(6)	Section 3(c)(14) Section 3(c)(7)
	3333N 5(0)(1)
Item 7. Type of Filing	
New Notice	
Date of First Sale in this Offering: February 3, 2009	OR First Sale Yet to Occur
	_
Item 8. Duration of Offering	
Does the issuer intend this offering to last more than one	e year? Yes 🖾 No
Item 9. Type(s) of Securities Offered (Select a	all that apply)
□ Equity	☐ Pooled Investment Fund Interests
☐ Debt	☐ Tenant-in-Common Securities
	☐ Mineral Property Securities
Option, Warrant or Other Right to Acquire Another Security	Other (Describe)
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security	Series A-1 Preferred Stock and Common Stock, and the underlying Common Stock issuable upon conversion of the Series A-1 Preferred Stock.
Item 10. Business Combination Transaction	
Is this offering being made in connection with a business transaction, such as a merger, acquisition or exchange	
Clarification of Response (if Necessary)	······
	Form D 2

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### Item 11. Minimum Investment

Minimum investment accepted from any outside investor	\$ 1.00
Item 12. Sales Compensation  Recipient	Recipient CRD Number
·	☐ No CRD Number
(Associated) Broker or Dealer 🔀 None	(Associated) Broker or Dealer CRD Number
	☐ No CRD Number
Street Address 1	Street Address 2
City State/	/Province/Country ZIP/Postal Code
States of Solicitation All States	
□ AL         □ AK         □ AZ         □ AR         □ CA         □ CC           □ IL         □ IN         □ IA         □ KS         □ KY         □ LA           □ MT         □ NE         □ NV         □ NH         □ NJ         □ NI           □ RI         □ SC         □ SD         □ TN         □ TX         □ U           (Identify additional person(s) being paid com	ME MD MA MI MN MS MO M NY NC ND OH OK OR PA
Item 13. Offering and Sales Amounts	•
(a) Total Offering Amount \$	1,591,705.50 <b>OR</b> Indefinite
(b) Total Amount Sold	1,341,705.50
(c) Total Remaining to be Sold (Subtract (a) from (b))	250,000.00 <b>OR</b> Indefinite
Preferred Stock, \$500,000 for the total exercise pr the total exercise price of the Common Stock warr Series A-1 Preferred Stock warrants and \$20 for the	isting of \$500,000 for the total purchase price of Series A-1 rice of the Series A-1 Preferred Stock warrants, \$341,665.50 for tants (at \$0.50 per share), \$20 for the total purchase price of the total purchase price of the Common Stock warrants of the hing Series A-1 Preferred Stock authorized but not sold in this
Item 14. Investors	
Check this box [ ] if securities in the offering have been or	may be sold to persons who do not qualify as accredited investors, and enter the
number of such non-accredited investors who already have	invested in the offering:
Enter the total number of investors who already have invest	
Item 15. Sales Commissions and Finders' Fee	es Expenses
Provide separately the amounts of sales commissions and fi check the box next to the amount.	nders' fees expenses, if any. If an amount is not known, provide an estimate and
	Sales Commissions \$ 0.00 Estimate
	Finders' Fees \$ 0.00 Estimate

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Clarification of Response (if Necessary)

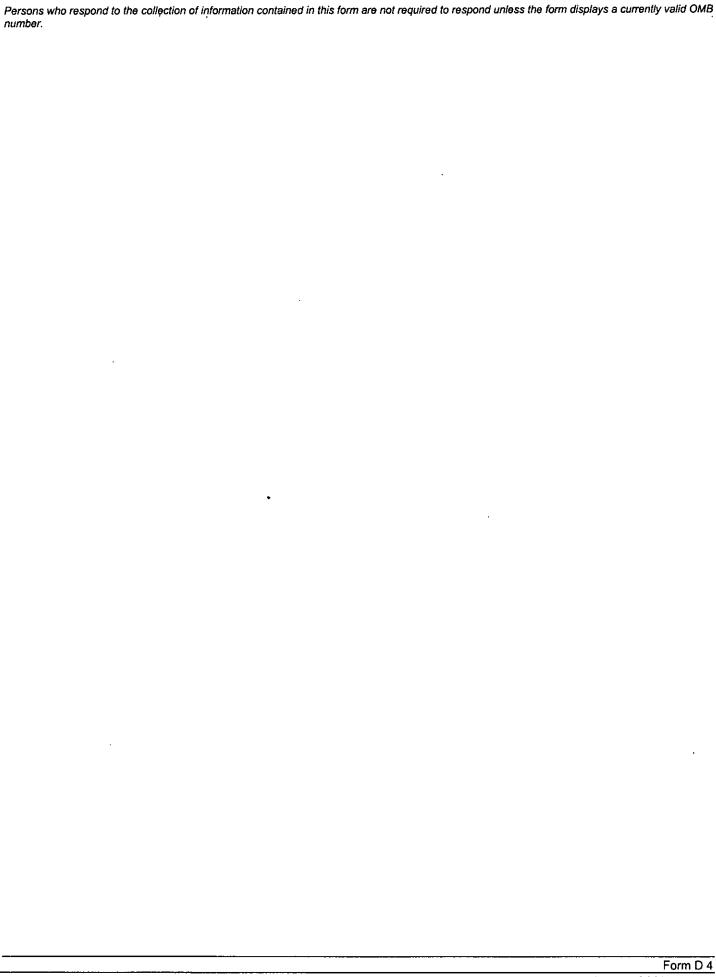
No sales commissions and finder's fees were paid in connection with this offering.

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ltem	16	Use	of	Proc	eed	s

Provide the amount of the gross proceeds of the offering that has been or is used for payments to any of the persons required to be named as executive		Estimate
directors or promoters in response to Item 3 above. If the amount is unknown and check the box next to the amount.	own, provide an	
Clarification of Response (if Necessary)		
Proceeds of this offering will be used for working cap	ital.	
Signature and Submission		
Please verify the information you have entered and review the T	erms of Submission below before signing and s	ubmitting this notice.
Terms of Submission. In Submitting this notice, each identific	ed issuer is:	
undertaking to furnish them, upon written request, in accordance Irrevocably appointing each of the Secretary of the State in which the issuer maintains its principal place of but process, and agreeing that these persons may accept service such service may be made by registered or certified mail, in an against the issuer in any place subject to the jurisdiction of the activity in connection with the offering of securities that is the secrotish provisions of: (i) the Securities Act of 1933, the Securities Exchange Company Act of 1940, or the Investment Advisers Act of 1940, State in which the issuer maintains its principal place of business Certifying that, if the issuer is claiming a Rule 505 execute reasons stated in Rule 505(b)(2)(iii).	EC and the Securities Administrator or other legal siness and any State in which this notice is filed on its behalf, of any notice, process or pleading, by Federal or state action, administrative proceed. United States, if the action, proceeding or arbitroubject of this notice, and (b) is founded, directly mange Act of 1934, the Trust Indenture Act of 19 or any rule or regulation under any of these states or any State in which this notice is filed.	ally designated officer of as its agents for service of and further agreeing that ding, or arbitration brought ration (a) arises out of any or indirectly, upon the 139, the Investment atutes; or (ii) the laws of the
* This undertaking does not affect any limits Section 102(a) of the Nation 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to requive overed securities for purposes of NSMIA, whether in all instances or routinely require offering materials under this undertaking or otherwise so under NSMIA's preservation of their anti-fraud authority.	ire information. As a result, if the securities that are the roue to the nature of the offering that is the subject of	e subject of this Form D are this Form D, States cannot
Each identified issuer has read this notice, knows the contents undersigned duly authorized person. (Check this box  and a in Item 1 above but not represented by signer below.)		
Issuer(s)	Name of Signer	
iForem Inc.	Stephen A. Pieraldi	
Signature	Title	
Then FA I	Chief Executive Officer	
		Date
Number of continuation pages attached:		February <u>10</u> , 2009



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### **Item 3 Continuation Page**

#### **Item 3. Related Persons (Continued)**

Bolander	Last Name	First Name		Middle Name
C/O Gabriel Venture Partners II, 350 Marine Parkway, Suite 200  City State/Province/Country ZiP/Postal Code  Redwood City CA 94065  Relationship(s):  □ Executive Officer  ☑ Director □ Promoter  Clarification of Response (if Necessary)  Last Name First Name Middle Name  Chou Scott Street Address 1  C/O Gabriel Venture Partners II, 350 Marine Parkway, Suite 200  City State/Province/Country ZiP/Postal Code  Redwood City CA 94065  Retationship(s): □ Executive Officer  ☑ Director □ Promoter  Clarification of Response (if Necessary)  Last Name First Name Middle Name  West Marc  Street Address 2  117 West Third Avenue  City State/Province/Country ZiP/Postal Code  San Mateo	Bolander	Frederick		
Suite 200   City	Street Address 1	eet Address 1		
Redwood City  Relationship(s):		0 Marine Parkway,		
Relationship(s):	City	State/Province/Country	ZIP/Postal Code	
Clarification of Response (if Necessary)  Last Name First Name Middle Name  Chou Scott  Street Address 1  C/o Gabriel Venture Partners II, 350 Marine Parkway, Suite 200  City State/Province/Country ZIP/Postal Code  Redwood City CA 94065  Relationship(s): Executive Officer Denoter Clarification of Response (if Necessary)  Last Name First Name Middle Name  West Marc  Street Address 1  117 West Third Avenue  City State/Province/Country ZIP/Postal Code  San Mateo CA 94402  Relationship(s): Executive Officer Denoter Clarification of Response (if Necessary)  Last Name First Name Middle Name  Street Address 2  117 West Third Avenue  City State/Province/Country ZIP/Postal Code  San Mateo CA 94402  Last Name First Name Middle Name  Street Address 1  Street Address 2  Clarification of Response (if Necessary)  Street Address 1  Street Address 2	Redwood City	CA	94065	
Last Name First Name Middle Name  Chou Scret Address 1  Street Address 2  Street Address 2  Street Address 2  City State/Province/Country ZIP/Postal Code  Redwood City CA 94065  Retationship(s): Executive Officer Director Promoter  Clarification of Response (if Necessary)  Last Name First Name Middle Name  West Marc  Street Address 2  117 West Third Avenue  City State/Province/Country ZIP/Postal Code  San Mateo CA 94402  Relationship(s): Executive Officer Director Promoter  Clarification of Response (if Necessary)  Last Name First Name Middle Name  Street Address 2  117 West Third Avenue  City State/Province/Country ZIP/Postal Code  San Mateo Size Executive Officer Director Promoter  Clarification of Response (if Necessary)	Relationship(s): Executive Officer	□ Promoter		
Street Address 1   Street Address 2	Clarification of Response (if Necessary)			
Street Address 1   Street Address 2				••••••
Street Address 1 C/o Gabriel Venture Partners II, 350 Marine Parkway, Suite 200 City State/Province/Country ZIP/Postal Code Redwood City CA 94065  Relationship(s): Executive Officer Director Promoter Clarification of Response (if Necessary)  Last Name First Name Middle Name  West Street Address 1 Street Address 2  117 West Third Avenue City State/Province/Country ZIP/Postal Code San Mateo CA 94402  Relationship(s): Executive Officer Director Promoter Clarification of Response (if Necessary)  Last Name First Name Middle Name  Street Address 2  117 West Third Avenue City State/Province/Country ZIP/Postal Code 94402  Relationship(s): Executive Officer Director Promoter Clarification of Response (if Necessary)  Last Name First Name Middle Name  Street Address 1 Street Address 2  City State/Province/Country ZIP/Postal Code	Last Name	First Name		Middle Name
C/O Gabriel Venture Partners II, 350 Marine Parkway,   Suite 200	Chou	Scott		
Suite 200 City State/Province/Country ZIP/Postal Code Redwood City CA 94065  Relationship(s):			Street Address 2	
Redwood City	i i	0 Marine Parkway,		
Relationship(s):	City	State/Province/Country	ZIP/Postal Code	
Clarification of Response (if Necessary)  Last Name First Name Middle Name  West Marc  Street Address 1  117 West Third Avenue  City State/Province/Country ZIP/Postal Code  San Mateo CA 94402  Relationship(s): Executive Officer Director Promoter  Clarification of Response (if Necessary)  Last Name First Name Middle Name  Street Address 1  Street Address 2  City State/Province/Country ZIP/Postal Code	Redwood City	CA	94065	
Last Name First Name Middle Name  West Marc  Street Address 1 Street Address 2  117 West Third Avenue  City State/Province/Country ZIP/Postal Code  San Mateo CA 94402  Relationship(s): Executive Officer Director Promoter  Clarification of Response (if Necessary)  Last Name First Name Middle Name  Street Address 1 Street Address 2  City State/Province/Country ZIP/Postal Code	Relationship(s): Executive Officer	☑ Director ☐ Promoter		
West Street Address 1 Street Address 2  117 West Third Avenue City State/Province/Country ZIP/Postal Code San Mateo CA Selationship(s): Executive Officer Director Promoter Clarification of Response (if Necessary)  Last Name First Name Middle Name  Street Address 1 Street Address 2  City State/Province/Country ZIP/Postal Code	Clarification of Response (if Necessary)		<del></del>	
West Street Address 1 Street Address 2  117 West Third Avenue City State/Province/Country ZIP/Postal Code San Mateo CA Selationship(s): Executive Officer Director Promoter Clarification of Response (if Necessary)  Last Name First Name Middle Name  Street Address 1 Street Address 2  City State/Province/Country ZIP/Postal Code				
Street Address 1  Street Address 2  117 West Third Avenue  City  State/Province/Country  City  State/Province/Country  State/Province/Country  Clarification of Response (if Necessary)  Last Name  First Name  Middle Name  Street Address 2  City  State/Province/Country  ZIP/Postal Code  Street Address 2  ZIP/Postal Code  ZIP/Postal Code	Last Name	First Name		Middle Name
Title   State   Province   Country   Country	West	Marc		
City State/Province/Country ZIP/Postal Code  San Mateo CA 94402  Relationship(s): Executive Officer Director Promoter  Clarification of Response (if Necessary)  Last Name First Name Middle Name  Street Address 1  City State/Province/Country ZIP/Postal Code	Street Address 1		Street Address 2	
San Mateo  CA  94402  Relationship(s): Executive Officer  Clarification of Response (if Necessary)  Last Name  First Name  Middle Name  Street Address 1  Street Address 2  City  State/Province/Country  ZIP/Postal Code	117 West Third Avenue			
Relationship(s):	City	State/Province/Country	ZIP/Postal Code	
Clarification of Response (if Necessary)  Last Name First Name Middle Name  Street Address 1 Street Address 2  City State/Province/Country ZIP/Postal Code	San Mateo	CA	94402	
Clarification of Response (if Necessary)  Last Name First Name Middle Name  Street Address 1 Street Address 2  City State/Province/Country ZIP/Postal Code	Relationship(s):   Executive Officer	☑ Director ☐ Promoter		
Last Name First Name Middle Name  Street Address 1 Street Address 2  City State/Province/Country ZIP/Postal Code	Г			
Street Address 1  Street Address 2  City  State/Province/Country  ZIP/Postal Code	, L			
City State/Province/Country ZIP/Postal Code	Last Name	First Name		Middle Name
City State/Province/Country ZIP/Postal Code				
City State/Province/Country ZIP/Postal Code	Street Address 1		Street Address 2	
Relationship(s):	City	State/Province/Country	ZIP/Postal Code	
Relationship(s):				
END	Relationship(s): Security Officer	Director Promotor	<b>L</b>	mala
				上パリ

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